



LAB ID

[illegible]

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Bullhead City, AZ 86429
Tel (928) 754-8101
Fax (928) 754-8103

200 N. 2nd St.
Suite B
Holbrook, AZ 86025
Tel (928) 524-635

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LAB ID _____

Client *First Mesquite Creek Village*

Phone *928 737-2670*

Sampler's Name *Colby Buchanan*

Address *DD Box 260*

Fax *928 737-2347*

Project Name *Arsonic*

City, State & Zip *Molave, AZ 86042*

Box 174 860106

Requested Turnaround Date *October 12, 2014*

SAMPLE TYPES

PRE-SERVATIVE

REQUESTED ANALYSIS

DW = Drinking water

SD = Solids

MW = Wastewater

SO = Soil

SW = Surface Water

HW = Hazardous Waste

MW = Monitoring Well

Other _____

C = Composite

G = Grab

No. CONTAINERS

COMPOSITE/GRAB (C/G)

SAMPLE TYPE

Unpreserved

Sodium Thiosulfate

Sodium Hydroxide

Nitric Acid

Sulfuric Acid

Hydrochloric acid

Arsonic

EPD-1-1

9/24/14

9:15am

1 G/DW

XX

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(bottle #)

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SAMPLE RECEIPT

SAMPLE RETURNED

SAMPLE RECEIVED BY (SIGN AND PRINT)

DATE/TIME

Temperature _____ °C

9/24/14

11:00 AM

9/25/14

Custody Seals Intact? Y N None

Y

Y

Y

Number of Containers: *1*

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